

SCHOOL VIOLENCE

The Psychiatric Drugs Connection

Psychiatric drugs like Prozac and Ritalin are implicated in recent US school shootings, but the link has largely been overlooked by the media.

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The massacre at Columbine High School in Littleton, Colorado, took place on April 20, 1999. Astonishingly, for eight days after the tragedy, during thousands of hours of prime-time television coverage, virtually no one mentioned the word "drugs". Then the issue was opened. Eric Harris, one of the shooters at Columbine, was on at least one prescription drug.

The *New York Times* of April 29, 1999, and other papers reported that Harris was rejected from enlisting in the Marines for medical reasons. A friend of the family told the *Times* that Harris was being treated by a psychiatrist. And then, several sources told the *Washington Post* that the drug prescribed as treatment was Luvox, manufactured by Solvay. Two days later, the "drug issue" was gone.

Luvox is of the same class as Paxil, Prozac and Zoloft. They are labelled SSRIs (selective serotonin reuptake inhibitors). They attempt to alleviate depression by changing the brain levels of the natural substance, serotonin. Luvox has a slightly different chemical configuration from Paxil, Prozac and Zoloft, and it was approved by the FDA for obsessive-compulsive disorder, although many doctors apparently prescribe it for depression.

Prozac is the wildly popular Eli Lilly antidepressant which has been linked to suicidal and homicidal actions. It is now given to children. Again, its chemical composition is very close to Luvox, the drug that Harris took.

Dr Peter Breggin, the eminent psychiatrist and author (*Toxic Psychiatry, Talking Back to Prozac, Talking Back to Ritalin*), told me: "With Luvox, there is some evidence of a four per cent rate for mania in adolescents. Mania, for certain individuals, could be a component in grandiose plans to destroy large numbers of other people. Mania can go over the hill to psychosis."

Dr Joseph Tarantolo is a psychiatrist in private practice in Washington, DC. He is the president of the Washington chapter of the American Society of Psychoanalytic Physicians. Tarantolo states: "...all the SSRIs [including Prozac and Luvox] relieve the patient of feeling. He becomes less empathic, as in 'I don't care as much', which means, 'It's easier for me to harm you'. If a doctor treats someone who needs a great deal of strength just to think straight and gives him one of these drugs, that could push him over the edge into violent behavior."

In Arianna Huffington's syndicated newspaper column of July 9, 1998, Dr Breggin states: "I have no doubt that Prozac can cause or contribute to violence and suicide. I've seen many cases. In a recent clinical trial, six per cent of the children became psychotic on Prozac. And manic psychosis can lead to violence."

Huffington follows up on this: "In addition to the case of Kip Kinkel, who had been a user of Prozac [Kinkel was the shooter in the May 21, 1998, school massacre in Springfield, Oregon], there are much less publicized instances where teenagers on Prozac or similar antidepressants have exploded into murderous rages: teenagers like Julie Marie Meade, from Maryland, who was shot to death by the police when they found her waving a gun at them; or Ben Garris, a 16-year-old in Baltimore who stabbed his counselor to death; or Kristina Fetters, a 14-year-old from Des Moines, Iowa, who stabbed her favorite great aunt in a rage that landed her a life sentence."

Dr Tarantolo also has written about Julie Marie Meade. In a column for the *ICSPP* (International Center for the Study of Psychiatry and Psychology) *News*, headed "Children and Prozac: First Do No Harm", Tarantolo describes how Julie Meade, in November 1996, called 911, "...begging the cops to come and shoot her. And if they didn't do it quickly, she would do it to herself. There was also the threat that she would shoot them as

well." Within a few minutes, the police came—"five of them to be exact, pumping at least ten bullets into her head and torso".

Tarantolo remarks that a friend of Julie said that Julie "...had plans to make the honor roll and go to college. He [the friend] had also observed her taking all those pills." What pills? Tarantolo called the Baltimore medical examiner and spoke with Dr Martin Bullock who was on a fellowship at that office. Dr Bullock said: "She had been taking Prozac for four years."

The November 23, 1996, Washington *Post* reported the Julie Meade death-by-shooting. The paper mentioned nothing about Prozac. This was left to a more penetrating newspaper, the local *PG County Journal* from the Maryland county in which the shooting took place.

Why did the *Post* never mention Prozac or interview any of a growing number of psychiatrists who have realised the danger of giving these drugs to children (and adults)? Is it because major media outlets enjoy considerable advertising revenue support from pharmaceutical drug companies? Is it because these companies have been running successful PR campaigns to keep their drugs' names quiet when suicides and murders are reported?

Another small paper, the *Vigo Examiner* (Terra Haute, Indiana), looked into the May 21, 1998, murders in Springfield, Oregon. The shooter, Kip Kinkel, was a 15-year-old freshman who had been on Prozac. First he killed his parents, then he walked into his school cafeteria and gunned down his fellow students. He killed two and wounded twenty-two. He is currently awaiting trial.

Vigo Examiner reporter Maureen Sielaff covered this story, showing straightforward independence where many big-time reporters just don't. Sielaff researched the book, *Prozac and Other Psychiatric Drugs*, by Lewis A. Opler, MD. She writes: "The following side effects are listed for Prozac: apathy, halluci-

nations, hostility, irrational ideas, paranoid reactions, antisocial behavior, hysteria, and suicidal thoughts." An explosive cocktail of symptoms.

The Jonesboro, Arkansas, school shooting took place on March 24, 1998. Mitchell Johnson, 13, and Andrew Golden, 11, apparently faked a fire alarm at Westside Middle School. Then when everyone came outside, the boys fired from the nearby woods, killing four students and a teacher and wounding 11 other people. Charged as juveniles, the boys were convicted of capital murder and battery. They can be held in jail until they are 21 years old.

Dr Alan Lipman of Georgetown University, who was one of the

experts interviewed on network television after the Littleton shootings, remarked that at least one of the boys who committed murder in Jonesboro had been "treated", before the incident, for violent behaviour. Treated how? With Prozac, with Zoloft, with a combination of antidepressants?

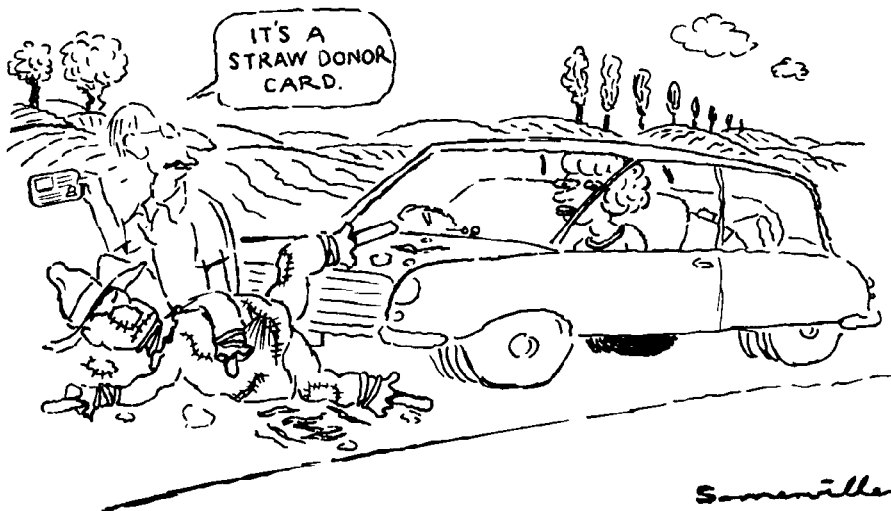
The action of these drugs—altering the supply of the brain neurotransmitter, serotonin—is touted by some people as a potential cure for violence. The only problem is, there is no acknowledged proof within the broad psychiatric profession that serotonin is a causative factor in vio-

lence. That is an unproven theory.

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MORE EPISODES OF US SCHOOL VIOLENCE

- May 1, 1992: Eric Houston, 20, killed four people and wounded 10 at his former high school in Olivehurst, California. Houston was sentenced to death.
- January 18, 1993: In Grayhurst, Kentucky, Scott Pennington, 17, entered Deanna McDavid's English class at East Carter High School and shot her in the head. He also shot Marvin Hicks, the school janitor, in the stomach. Pennington was sentenced to life, without the possibility of parole for 25 years.
- October 30, 1995: Edward Earl Spellman, 18, shot and wounded four students outside their high school in Richmond, Virginia.
 - February 2, 1996: In an algebra class at Frontier Junior High School in Mose Lake, Washington, Barry Loukaitas, 14, killed his teacher and two teenage boys with an assault rifle, and wounded a girl. Loukaitas was sentenced to two mandatory life terms.
 - February 29, 1996: In St Louis, Missouri, Mark Boyd, 30, fired into a school bus when its doors opened, killing a pregnant 15-year-old girl and wounding the driver.
 - July 26, 1996: Yohao Albert, a high-school junior, shot and wounded two classmates in a stairwell at his Los Angeles school.
 - February 19, 1997: In Bethel, Alaska, Evan Ramsey, 16, shot and killed his high school principal, Ron Edwards, and one of his classmates, Josh Palacios, and wounded two other students. Ramsey was sentenced to two 99-year terms. Authorities later accused two students of knowing that



the shootings were going to happen.

- October 1, 1997: Luke Woodham, 16, started shooting in his school cafeteria in Pearl, Mississippi. He killed two students, including his ex-girlfriend, and wounded seven others. He also killed his mother. Woodham was sentenced to life. Authorities later accused six friends of conspiracy.

- December 1, 1997: At Heath High School in West Paducah, Kentucky, Michael Carneal, 14, found students coming out of a prayer meeting. Using a stolen pistol, he shot eight of these students, killing three. One of the wounded girls is paralysed.

- December 15, 1997: Joseph Todd, 14, was arrested in the shooting of two students outside their high school in Stamps, Arkansas. The students recovered from their wounds. Todd faces trial.

- April 24, 1998: Andrew Wurst, 14, allegedly shot and killed his science teacher, John Gillette, at an 8th-grade dance at the J.W. Parker Middle School in Edinboro, Pennsylvania. Two students and another teacher were wounded. Wurst is awaiting trial.

- May 19, 1998: Several days before graduation, honors student Jacob Davis, 18, allegedly shot and killed Robert Creson, a classmate at Lincoln County High School in Fayetteville, Tennessee. Creson was dating Davis's ex-girlfriend. Davis awaits trial.

A CNN story, dated May 21, 1998, authored by its Justice Department correspondent, Pierre Thomas, offered the following statistics: "Ten per cent of the nation's schools reported one or more violent crimes in the 1996-1997 school year, including murder, suicide, rape, robbery and fights involving weapons." Even if these CNN figures are self-serving and overblown, they point to a chilling landscape.

PROZAC LINKED TO AGGRESSIVE BEHAVIOUR

The bulk of the American media appears afraid to go after psychiatric drugs as a cause of violent crime. This fear stems in part from the sure knowledge that expert attack-dogs are waiting in the wings, funded by big-time pharmaceutical companies. There are doctors and researchers who have seen a dark truth about these drugs in the journals, but are afraid to stand up and speak out. After all, the medical culture punishes no one as severely as its own defectors, when defection from the party line threatens profits, careers and reputations, and when defection alerts the public that deadly effects could be emanating from corporate boardrooms.

And what of the Federal Government itself? The US Food and Drug Administration (FDA) licenses each drug released for public use and certifies it as being safe and effective. If a real tornado started at the public level, if the parents of the young killers and young victims began to see a terrible knowledge swim into view—a knowledge they hadn't imagined—and they joined forces, the Earth would shake.

Commenting on some of the adverse effects of the antidepressant drug Prozac, psychiatrist Peter Breggin notes: "From the initial studies, it was also apparent that a small percentage of Prozac patients became psychotic."

Prozac, in fact, endured a rocky road in the press for a time. Stories on it rarely appear now. The major media have backed off. But on February 7, 1991, Amy Marcus's *Wall Street Journal* article on the drug carried the headline, "Murder Trials Introduce Prozac Defense". Marcus wrote: "A spate of murder trials in which defendants claim they became violent when they took the antidepressant Prozac are imposing new problems for the drug's maker, Eli Lilly and Co."

Also on February 7, 1991, the *New York Times* ran a Prozac piece headlined: "Suicidal Behavior Tied Again To Drug: Does Antidepressant Prompt Violence?"

In his landmark book, *Toxic Psychiatry*, Dr Breggin mentions that *The Donahue Show* (Feb. 28, 1991) "put together a group of individuals who had become compulsively self-destructive and murderous after taking Prozac, and the clamorous telephone and audience response confirmed the problem".

Breggin also cites a troubling study by Teicher et al., from the

February 1990 *American Journal of Psychiatry* (147:207-210), which reports on "...six depressed patients, previously free of recent suicidal ideation, who developed 'intense, violent, suicidal preoccupations after 2-7 weeks of fluoxetine [Prozac] treatment'. The suicidal preoccupations lasted from three days to three months after termination of the treatment. The report estimates that 3.5 per cent of Prozac users were at risk. While denying the validity of the study, Dista Products, a division of Eli Lilly, put out a brochure for doctors, dated August 31, 1990, stating that it was adding 'suicidal ideation' to the adverse events section of its Prozac product information."

An earlier study, by Joseph Lipiniski in the September 1989 *Journal of Clinical Psychiatry*, indicates that in five examined cases, people on Prozac developed what is called *akathisia*. Symptoms include intense anxiety, inability to sleep, the "jerking of extremities", and "bicycling in bed or just turning around and around". Breggin comments that *akathisia* "...may also contribute to the drug's tendency to cause self-destructive or violent tendencies...

Akathisia can become the equivalent of biochemical torture and could possibly tip someone over the edge into self-destructive or violent behavior... The June 1990 *Health Newsletter*, produced by the Public Citizen Research Group, reports: 'Akathisia, or symptoms of restlessness, constant pacing, and purposeless movements of the feet and legs, may occur in 10-25 per cent of patients on Prozac.'

The well-known publication, *California Lawyer*, in a December 1998 article titled "Protecting Prozac", details some of the suspect manoeuvres of Eli Lilly in its handling of suits against Prozac. *California Lawyer* also mentions other highly qualified critics of the drug: "David Healy, MD, an internationally renowned psychopharmacologist, has stated in sworn deposition that 'contrary to Lilly's view, there is a plausible cause-and-effect relationship between Prozac' and suicidal-homicidal events. An epidemiological study published in 1995 by the *British Medical Journal* also links Prozac to increased suicide risk."

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American Journal of Psychiatry
(147:207-210, February 1990)

When pressed, proponents of these SSRI drugs sometimes say, "Well, the benefits for the general population far outweigh the risk", or "Maybe in one or two tragic cases the dosage prescribed was too high". But the problem will not go away on that basis.

A shocking review-study, "Antidepressants for Children", written by Rhoda L. Fisher and Seymour Fisher and published in the *Journal of Nervous and Mental Diseases* (184[2], 1996), concludes: "Despite unanimous literature of double-blind studies indicating that antidepressants are no more effective than placebos in treating depression in children and adolescents, such medications continue to be in wide use."

There are other studies:

- In the *Journal of the American Academy of Child and Adolescent Psychiatry* (vol. 30, 1991), an article, "Emergence of self-destructive phenomena in children and adolescents during fluoxetine treatment", written by R.A. King, R.A. Riddle et al., reports self-destructive phenomena in 14 per cent (6 out of 42) of children and adolescents (10 to 17 years old) who had treatment with fluoxetine (Prozac) for obsessive-compulsive disorder.

- In the *Journal of Child and Adolescent Psychiatry*, July 1991, Hisako Koizumi, MD, describes a 13-year-old boy who was on Prozac as "full of energy", "hyperactive" and "clown-like", but who devolved into sudden violent actions which were "totally unlike him".

- In the *Journal of the American Academy of Child and Adolescent Psychiatry*, September 1991, author Laurence Jerome reports the case of a 10-year-old who moved with his family to a new location. Becoming depressed, the boy was put on Prozac by a doctor. The boy was then "hyperactive, agitated...irritable" and made a "somewhat grandiose assessment of his own abilities". He called a stranger on the phone and said he was going to kill him. The Prozac was stopped, and the symptoms disappeared.

RITALIN: AMPHETAMINES FOR HYPERACTIVITY

A December 1, 1996 Cox News Service newswire story by Gary Kane states: "Scores of young men and women across the country are learning that the Ritalin they took as teenagers is stopping them from serving their country or starting a military career."

Kane continues: "All branches of the armed forces reject potential enlistees who use Ritalin or similar behavior-modifying medications... And people who took Ritalin as teenagers to treat ADD, an inhibitor of academic skills, are rejected from military service, even if they no longer take the medication."

Ritalin, manufactured by Novartis, is the close cousin to "speed" and is given to perhaps two million American school-children for a condition called Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). ADD and ADHD, for which no organic causes have ever been found, are touted as disease conditions that afflict the young, causing hyperactivity, unmanageability and learning problems. Of course, when you name a disorder or a syndrome and yet can find no single, provable organic cause for it, you have nothing more than a loose collection of behaviours with an arbitrary title.

Correction: you also have a pharmaceutical bonanza.

Even Ritalin's manufacturer warns that "frank psychotic

episodes can occur" with abusive use (*Physicians Desk Reference*, Medical Economics Company, Inc., NJ, USA, 1998).

Dr Breggin, referring to an official directory of psychiatric disorders, the *DSM-III-R*, writes that withdrawal from amphetamine-type drugs, including Ritalin, can cause "depression, anxiety and irritability as well as sleep problems, fatigue and agitation". Breggin then remarks: "The individual may become suicidal in response to the depression."

The well-known Goodman and Gilman's *Pharmacological Basis of Therapeutics* reveals a strange fact. It states that Ritalin is "...structurally related to amphetamines... Its pharmacological properties are essentially the same as those of the amphetamines."

DRUG COMBINATIONS & ADVERSE SIDE-EFFECTS

In *Toxic Psychiatry*, Dr Breggin discusses the subject of drug combinations: "Combining antidepressants [e.g., Prozac, Luvox] and psychostimulants [e.g., Ritalin] increases the risk of cardiovascular catastrophe, seizures, sedation, euphoria and psychosis. Withdrawal from the combination can cause a severe reaction that includes confusion, emotional instability, agitation and aggression."

Children are frequently medicated with this combination, and when we highlight such effects as aggression, psychosis and emotional instability, it is obvious that the result is pointing towards the very real possibility of violence.

In 1986, the *International Journal of the Addictions* (21[7]:837-

841) published a most important literature review by Richard Scarnati, titled "An Outline of Hazardous Side Effects of Ritalin (Methylphenidate)". Scarnati listed over a hundred adverse effects of Ritalin, and indexed published journal articles for each of these symptoms.

For every one of the following (selected and quoted verbatim) Ritalin side-effects, then, there is at least one confirming source in the medical literature:

- Paranoid delusions
- Paranoid psychosis
- Hypomanic and manic symptoms, amphetamine-like psychosis

"Despite unanimous literature of double-blind studies indicating that antidepressants are no more effective than placebos in treating depression in children and adolescents, such medications continue to be in wide use."

Journal of Nervous and Mental Diseases
(184[2], 1996)

- Activation of psychotic symptoms
- Toxic psychosis
- Visual hallucinations
- Auditory hallucinations
- Can surpass LSD in producing bizarre experiences
- Affects pathological thought processes
- Extreme withdrawal
- Terrified effect
- Started screaming
- Aggressiveness
- Insomnia
- Since Ritalin is considered an amphetamine-type drug, expect amphetamine-like effects
- Psychic dependence
- High-abuse potential, DEA Schedule II Drug
- Decreased REM sleep
- When used with antidepressants, one may see dangerous reactions including hypertension, seizures and hypothermia
- Convulsions
- Brain damage may be seen with amphetamine abuse.

ATTENTION DEFICIT DISORDER: DOES IT EXIST?

Many parents around the country have discovered that Ritalin-taking has become a condition for their children continuing in school. There are even reports by parents of threats from social agencies: "If you don't allow us to prescribe Ritalin for your ADD child, we may decide that you are an unfit parent. We may decide to take your child away."

This mind-boggling state of affairs is fuelled by teachers, principals and school counsellors, who do not have medical training.

Yet the very definition of the "illnesses" for which Ritalin would be prescribed is in doubt, especially at the highest levels of the medical profession. This doubt, however, has not filtered down to most public schools.

Commenting on Dr Lawrence Diller's book, *Running on Ritalin*, Dr William Carey, Director of Behavioral Pediatrics at the Children's Hospital of Philadelphia, has written: "Dr Diller has correctly described...the disturbing trend of blaming children's social, behavioral and academic performance problems entirely on an unproven brain deficit..."

On November 16-18, 1998, the US National Institute of Mental Health held the prestigious NIH Consensus Development Conference on Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder. The conference was explicitly aimed at ending all debate about the diagnoses of ADD and ADHD, and about the prescription of Ritalin. It was hoped that at the highest levels of medical research and bureaucracy, a clear position would be taken: this is what ADHD is, this is where it comes from, and these are the drugs it should be treated with. That didn't happen, amazingly. Instead, the official panel responsible for drawing conclusions from the conference threw cold water on the whole attempt to reach a comfortable consensus.

Panel member Mark Vonnegut, a Massachusetts paediatrician, said: "The diagnosis [of ADHD] is a mess."

The panel essentially said it was not sure ADHD was even a "valid" diagnosis. In other words, ADD and ADHD might be nothing more than attempts to categorise certain children's behaviours—with no organic cause, no clear-cut biological basis, no provable reason for even using the ADD or ADHD labels. The panel found "no data to indicate that ADHD is due to a brain malfunction [which malfunction had been the whole psychiatric assumption in the first place]".

The panel also found that Ritalin has not been shown to have long-term benefits. In fact, it stated that Ritalin has resulted in "little improvement on academic achievement or social skills".

Panel chairman David Kupfer, Professor of Psychiatry at the University of Pittsburgh, said: "There is no current validated diagnostic test [for ADHD]."

Yet at every level of public education in America, there remains what can only be called a voracious desire to give children Ritalin (or other similar drugs) for ADD or ADHD.

Nullifying the warnings, assurances and prescriptions that doctors routinely give to parents of children who have been diagnosed with ADD or ADHD should be a national goal.

The 1994 *Textbook of Psychiatry*, published by the American Psychiatric Press, contains this review by Popper and Steingard. The pronouncement makes a number of things clear. "Stimulants [such as Ritalin] do not produce lasting improvements in aggressivity, conduct disorder, criminality, education achievement, job functioning, marital relationships or long-term adjustment."

Parents should also wake up to the fact that, in the aftermath of the Littleton, Colorado, tragedy, pundits and doctors are urging more extensive "mental health" services for children. Fine, except whether you have noticed it or not, for the most part this no longer means therapy with a caring professional. It means drugs. It means the drugs I am discussing in this inquiry.

In December 1996, the US Drug Enforcement Administration (DEA) held a conference on ADHD and Ritalin. Surprisingly, it issued a sensible statement about drugs being a bad substitute for the presence of caring parents: "...the use of stimulants [such as Ritalin] for the short-term improvement of behavior and underachievement may be thwarting efforts to address the children's real issues, both on an individual and societal level. The lack of long-term positive results with the use of stimulants and the specter of previous and potential stimulant abuse epidemics give cause to worry about the future. The dramatic increase in the use of methylphenidate [Ritalin] in the 1990s should be viewed as a marker or warning to society about the problems children are having and how we view and address them."

The Brookhaven National Laboratory has studied Ritalin through PET brain scans. Lab researchers have found that the drug decreased the flow of blood to all parts of the brain by 20 to 30 per cent. That is, of course, a very negative finding. It is a signal of danger. But parents, teachers, counsellors, principals, school psychologists know nothing about this. Nor do they know that cocaine produces the same blood-flow effect.

In his book, *Talking Back to Ritalin*, Peter Breggin expands on the drug's effects: "Stimulants such as Ritalin and amphetamine...have grossly harmful impacts on the brain—reducing overall blood flow, disturbing glucose metabolism and possibly causing permanent shrinkage or atrophy of the brain."

UNSETTLED OUT OF COURT

In the wake of the Littleton shooting, we find that "the American people" and lawyers, pundits and child psychologists are pointing the finger at Hollywood, at video games like *Doom*,

at inattentive parents, and at the availability of guns. We have to wonder why almost no one is calling out these drugs. Is it possible that the work of PR people is shaping the national response?

An instructive article, "Protecting Prozac", by Michael Grinfeld in the December 1998 *California Lawyer*, opens several doors. Grinfeld notes that "in the past year, nearly a dozen cases involving Prozac have disappeared from the court record". He is talking about lawsuits against the manufacturer, Eli Lilly, and he is saying that these cases have apparently been settled, without trial, in such a quiet and final way, with such strict confidentiality, that it is almost as if they never happened.

This smoothness, this invisibility, keeps the Press away and

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also, most importantly, does not encourage other people to come out of the woodwork with lawyers and Prozac horror-stories of their own, because they are not reading about \$2 million or \$10 million or \$50 million settlements paid out by Lilly.

Grinfeld details a set of manoeuvres involving attorney Paul Smith who, in the early 1990s, became the lead plaintiff's counsel in the famous Fentress case against Eli Lilly. The case made the accusation that Prozac had induced murder. This was the first action involving Prozac to reach a trial and jury, so it would establish a major precedent for a large number of other pending suits against the manufacturer. After what many people thought was a very weak attack on Lilly by Smith, the jury came back in five hours with an easy verdict favouring Lilly and Prozac.

Grinfeld writes: "Lilly's defense attorneys predicted the verdict would be the death knell for [anti-]Prozac litigation."

But that wasn't the end of the Fentress case, even though Smith, to the surprise of many, didn't appeal.

"Rumors began to circulate that Smith had made several [prior] oral agreements with Lilly concerning the evidence that would be presented [in Fentress], the structure of a postverdict settlement, and the potential resolution of Smith's other [anti-Prozac] cases."

In other words, the rumours said: This lawyer made a deal with Lilly to present a weak attack, to omit evidence damaging to Prozac, so that the jury would find Lilly innocent of all charges. In return for this, the case would be settled secretly, with Lilly paying out monies to Smith's client. In this way, Lilly would avoid the exposure of a public settlement, and through the innocent verdict would discourage other potential plaintiffs from suing it over Prozac.

The rumours congealed. The Fentress case Judge, John Potter, asked lawyers on both sides if "money had changed hands". He wanted to know if the fix was in. The lawyers said no money had been paid, "without acknowledging that an agreement was in place".

Judge Potter didn't stop there. In April 1995, Grinfeld noted: "In court papers, Potter wrote that he was surprised that the plaintiff's attorneys [Smith] hadn't introduced evidence that Lilly had been charged criminally for failing to report deaths from another of its drugs to the Food and Drug Administration. Smith had fought hard [during the Fentress trial] to convince Potter to admit that evidence, and then unaccountably withheld it."

In Judge Potter's motion, he alleged that "Lilly [in the Fentress case] sought to buy not just the verdict, but the court's judgment as well".

In 1996, the Kentucky Supreme Court issued an opinion on all this: "...there was a serious lack of candor with the trial court [during Fentress] and there may have been deception, bad faith conduct, abuse of the judicial process or perhaps even fraud."

After the Supreme Court remanded the Fentress case back to the state Attorney-General's office, the whole matter dribbled away, and then resurfaced in a different form in another venue. At the time of the *California Lawyer* article, a new action against Smith was unresolved.

If Eli Lilly went to extreme lengths to control suits against Prozac, it stands to reason that drug companies could also try to deflect legal actions by influencing how the Press, lawyers and public view these school shootings. For example, accusing video games is acceptable, accusing guns is acceptable, accusing bad parents is acceptable. In fact, these causes, as I stated above, are legitimate.

INDUSTRY-FUNDED GROUPS PUSH DRUGS

In 1996, the PBS television series, *The Merrow Report*, produced a program called "Attention Deficit Disorder: A Dubious Diagnosis?" The Educational Writers Association awarded the program first prize for investigative reporting in that year. I can recall no other piece of television journalism since the Vietnam War which has managed to capture, on film, government officials in the act of realising that they have made serious mistakes.

John Merrow, the series host, explains that, unknown to the public, there has been "a long-term, unpublicised financial relationship between the company that makes the most widely known ADD medication [Ritalin] and the nation's largest ADD support group". The group is CHADD, based in Florida.

CHADD stands for Children and Adults with ADD. Its 650 local chapters sponsor regional conferences and monthly meetings, often held at schools. It educates thousands of families about ADD and ADHD and gives out free medical advice. This advice features the drug Ritalin.

Since 1988, when CHADD and Ciba-Geigy (now Novartis), the manufacturer of Ritalin, began their financial relationship, Ciba-Geigy has given almost a million dollars to CHADD, helping it to expand its membership from 800 to 35,000 people.

Merrow interviews several parents whose children are on Ritalin—parents who have been relying on CHADD for information. They are clearly taken aback when they learn that CHADD obtains a significant amount of its funding from the drug company that makes Ritalin.

CHADD has used Ciba-Geigy money to promote its pharmaceutical message through a public service announcement produced for television. Nineteen million people have seen it. As Merrow says: "CHADD's name is on it, but Ciba-Geigy paid for it."

It turns out that in all of CHADD's considerable literature written for the public, there is rare mention of Ciba-Geigy. In fact, the only instance of the connection Merrow could find on the record was a small-print citation on an announcement of a single CHADD conference.

In recounting CHADD's promotion of drug "therapy" for ADD, Merrow says: "CHADD's literature also says psychostimulant medications [like Ritalin] are not addictive."

Merrow brings this up with Gene Haslip, a DEA official in Washington. Haslip is visibly annoyed. "Well," he says, "I think that's very misleading. It's [Ritalin's] certainly a drug that can

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cause a very high degree of dependency, like all of the very potent stimulants."

Merrow reveals that CHADD received a \$750,000 grant from the US Department of Education in 1996 to produce a video, *Facing the Challenge of ADD*. The video doesn't just mention the generic name methylphenidate: it announces the drug by its brand name, Ritalin. This, at government (taxpayer) expense.

In the case of the school shootings, has an attempt been made to mould media response, to highlight various causes and omit others?

When the national press is completely silent on medical drugs, we have to question the background on that. We *have* to. We have to ask: Why should *this* horrendous factor be eliminated altogether from reporting to the nation?

Real action is going to have to come from the public. Parents in Littleton and Springfield and West Paducah and Jonesboro are going to have to ask the hard questions and become relentless about getting real answers. They are going to have to learn about these drugs. They'll have to learn which violent children in the school shootings were on these drugs. They are

going to have to throw off robotic obedience to authorities in white coats. And they are going to have to join together. If they do, many people will end up standing with them.

Some sources of information:

- ADHD Action Group, telephone +1 (212) 769 2457.
- Dr Peter Breggin, psychiatrist, author and former full-time consultant with the National Institute of Mental Health, website <www.breggin.com>.
- *ICSPP News*, telephone +1 (301) 652 5580, website <www.icspp.org>. Note: *ICSPP News* publishes the following warning in bold letters: "Do Not Try to Abruptly Stop Taking Psychiatric Drugs. When trying to withdraw from many psychiatric drugs, patients can develop serious and even life-threatening emotional and physical reactions... Therefore, withdrawal from psychiatric drugs should be done under clinical supervision..."
- Dr Joseph Tarantolo, psychiatrist, president of the Washington chapter of the American Society of Psychoanalytic Physicians, telephone +1 (301) 652 5580.
- *The Merrow Report*: to order transcript or videotape, telephone +1 (212) 941 8060.
- The Truth Seeker Foundation, PO Box 28550, San Diego, California 92198, USA,

telephone +1 (619) 676 0430, fax (619) 676 0433, e-mail <tsnradio@aol.com>, website <http://truthseeker.com>. The Foundation sponsors investigations into vital matters that have not risen to the level of open public debate. It believes that in order to solve serious human problems, we must commit ourselves to uncovering deeper strata of truth that underlie public events, news and political discourse. Only in this way can we all create a more just future.

About the Author:

Jon Rappoport has worked as an investigative reporter for 15 years. He has written articles on politics, medicine and health for *Spin*, *Stern*, *Village Voice*, *In These Times* and a number of other magazines and newspapers in the United States and Europe. In 1982, the *LA Weekly* placed his name in nomination for the Pulitzer Prize for his coverage of the military takeover at the University of El Salvador. Mr Rappoport is the author of *Oklahoma City Bombing*, *Madalyn Murray O'Hair*, and *AIDS Inc.*, a widely praised critique of the original research behind HIV.

Editor's Note:

Space constraints mean that we are unable to include additional book/journal references here; these can be obtained from the author on request (see details on opening page).